



Impartial Hearing Office
131 Livingston Street Rm. 201
Brooklyn, New York 11201

Mail Date : 01/06/2011

Case Number : [REDACTED]

Child's Name : [REDACTED]

Decision Date : 12/30/2010

Dear Parent :

The DOE was ordered to reimburse you or directly pay for services rendered. The DOE has 35 days from the date of the decision stated above to comply with the Impartial Hearing Officer's order unless otherwise stated or the case is under appeal. As of the date of this letter, documentation had not been submitted to the DOE sufficient for the DOE to process your payment. Please review the item(s) below and forward to the Impartial Hearing Office all of the missing documentation, so that the payment can be processed:

- ☒ Signed tuition/services contract between school/provider and parent indicating cost and enrollment period.
- ☐ Invoice for tuition/services/device on school/provider letterhead detailing services provided (e.g., # sessions, duration of session, rate and date(s) of service).
- ☒ Affidavit from school/provider indicating cost, payment and enrollment period.
- ☐ Transportation receipts or daily mileage log(s).
- ☐ Copies of any of the following proofs of payment:
 - 1. Cancelled check(s) both sides - payable to school/provider.
 - 2. Credit card statements - clearly detailing provider and amount paid.
 - 3. Bank statements (paper or on-line) - clearly indicating provider and amount paid.
- ☐ Completed Direct Reimbursement Social Security Number form.
- ☒ Name of vendor and/or hourly rate : Name of provider for social skills therapy and social skills consultation
- ☐ Completed provider W-9 form. (Please provide the enclosed W-9 form to your provider, and ask the provider to return the completed form to the Impartial Hearing Office at the below address)
- ☐ Other :

For reimbursement cases, if payment was made by cash or money order, please fill out the Parent Affidavit of Cash or Money Order Payment (see attached) and send the original to the address listed below. You may send copies of all other documents to the office indicated below.

Impartial Hearing Office
131 Livingston Street, Room 201
Brooklyn, NY 11201
Attn: Reimbursement Documentation
Fax Number: 718-935-2528

For ongoing cases, PROVIDERS must submit monthly invoices and proof of services to :

Bureau of Non Public School Payables (BNPSP)
65 Court Street, 15th floor
Brooklyn, New York 11201

Please note that faxes are not accepted unless previously agreed to between the parties and BNPSP.

Please make sure that ALL documentation submitted includes the Impartial Hearing Office CASE NUMBER. You will only be paid up to the amount equal to the proof submitted; therefore, please make sure you submit all the paperwork needed to cover the amount for which you are seeking payment.

If you have any questions or have already submitted the documentation requested, please call 718-935-3482

Thank you

Impartial Hearing Office

Copy To : Michele Kule-Korgood